

## Presumptive Eligibility for Children MK-PE Application Entry Sequence

**Scenario:** Ann and Tom Butler have two children. One child required recent medical care at one of the State's Qualified Entities for the Presumptive Eligibility for Children program. The entity helped the Butler family with the HealthWave application process and completed a presumptive determination on each child as requested by the family. The oldest child, Amy, was determined presumptively eligible for Title XXI and Jim, the younger child, was found presumptively eligible for Title XIX. The presumptive determination was completed on July 3<sup>rd</sup> and the results were forwarded to the Clearinghouse via fax on July 5<sup>th</sup>. The HealthWave application and verifications are received July 16<sup>th</sup> and the case is processed in August. The following screens show the application entry sequence for the presumptive coverage on KAECSSES:

APMA	APPLI CATION MAINTENANCE	071606 7: 14 LAURI C
CASE NAME: BUTLER, ANN SECTION: 331	UNIT: 3	CASE NUMBER: 00009670 CASELOAD: 03 – WORKER 3311, I M
PROGRAM INVOLVEMENT: MK PE APP RECEIVED DATE: 070506 BEN PRORATION DATE: 070306 GLA/ADTC: EXPEDITED SERVICE: DATE OF DISCOVERY: PROGRAM STATUS:		

APEM	APPLI CATION ENTRY MENU	071606 07: 14 LAURI C
<ol style="list-style-type: none"><li>1. APPLI CATION ENTRY SEQUENCE</li><li>2. RESOURCES/INCOME ENTRY</li><li>3. INCOME ENTRY</li><li>4. COPY DETAILS FOR NEW MONTH</li><li>5. DELETE MONTH</li><li>6. MEDICAL EXPENSES</li><li>7. COPY BACK DETAILS (MK/MP ONLY)</li></ol>		
ENTER FUNCTION		(BY NUMBER): 1
CASE NUMBER	(FOR 1 - 7):	00009670
MONTH	(FOR 1 - 7):	0706
BUDGETING METHOD	(FOR 1 - 3):	M
(NOTE: INDA May Come Up)		
NEXT-->		

SEPA										SETUP PARTICIPATIONS										071606 07:15									
CASE NAME: BUTLER, ANN										CASE NUMBER: 00009670 C										LAURI C MONTH: 0706									
PREG TAF										START										START									
NAME REL MTHR MOS PGM PART DAY										PGM PART DAY										PGM PART DAY									
01	ANN	B	PI			MK	PE	DI	3																				
02	AMY	B	CH			MK		IN	3																				
03	JIM	B	CH			MK		IN	3																				
TM START MONTH:										LTC START MONTH:										MORE CLIENTS: NEXT-->									

MERE										MEDICAL RESOURCES										071606 07:16									
CASE NAME: BUTLER, ANN										CASE NUMBER: 00009670										LAURI C MONTH: 0706									
POS ON										MEDICAL										SSA									
APP NAME REL										SUBTYPE										CLAIM NUMBER CODE COMPLETED A B D									
01	ANN	B	PI																										
02	AMY	B	CH			PT																							
03	JIM	B	CH			PN																							
										MORE CLIENTS:										NEXT-->									

SSDO										SSN / DATE OF BIRTH / SEX										071606 07:16									
										(SS5 CENTRAL REGISTRY)										LAURI C									
CASE NAME: BUTLER, ANN										CASE NUMBER: 00009670																			
NAME REL										SSN										SS5 DATE VR PEND									
DOB										EMN										VR PEND									
SEX GA FS																													
01	ANN	B	PI			000000042																							
02	AMY	B	CH			000000049																							
03	JIM	B	CH			000000045																							
										MORE CLIENTS:										NEXT-->									

ETRC		ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY										071606 07: 17									
												LAURI C									
CASE NAME: BUTLER, ANN		CASE NUMBER: 00009670																			
		- R A C E - ETH LANG OM										MO OF									
NAME REL		A	B	P	S	W	O	H	N	SP	WR	1	2	RES	VR	CIT	ENTRY	VR	ID	VR	I-94
01	ANN B PI					X		X	EN	EN	N		Y	CS	US			CS			NUMBER
02	AMY B CH						X	X	EN	EN	N		Y	CS	US			CS			
03	JIM B CH						X	X	EN	EN	N		Y	CS	US			CS			

MORE CLIENTS:                      NEXT-->

PRAP		PROGRAM AND PERSON ALERTS										071606 07: 17	
												LAURI C	
CASE NAME: BUTLER, ANN		CASE NUMBER: 00009670											
		PROGRAM ALERTS:      PROGRAM      ALERT TYPE      PROGRAM      ALERT TYPE											
		MK											
		CLIENT                      ALERT TYPE											
		BUTLER, ANN											
		BUTLER, AMY											
		BUTLER, JIM											

NEXT-->

SPRD		SPECIFIED RELATIVE/DEPRIVATION/CHILD SUPPORT										071606 07: 18	
												LAURI C	
CASE NAME: BUTLER, ANN		CASE NUMBER: 00009670										MONTH: 0706	
		SPEC DEP										- G O O D C A U S E -	
NAME REL		REL	CAUSE	VR	PEND	ABS PARENT	PAT	COOP	START	PEND	APP	DEDATE	
01	ANN B PI	Y		AG		NO NAME		EX					
02	AMY B CH		ND	AG									
03	JIM B CH		ND	AG									

MORE CLIENTS:                      NEXT-->

MKID	MK INCOME DETERMINATION	071606 07: 40	
CASE NAME: BUTLER, ANN	CASE NUMBER: 00009670	LAURI C MONTH: 0706	
INCOME MONTH: 0706			
# IN MEDICAL UNIT: 04			
EMPLOYMENT INCOME :	3000.00	EDUCATION INCOME :	0.00
SELF EMPLOY/INT INCOME:	0.00	DEEMED INCOME :	0.00
TOTAL EARNED :	0.00	OTHER UNEARNED INCOME :	0.00
		TOTAL UNEARNED :	0.00
WORK EXPENSE :	200.00		
DEP CARE DEDUCTION :	0.00		
TOTAL DEDUCTIONS:	0.00	TOTAL NET INCOME:	2800.00
		POVERTY LEVEL AMOUNT:	2217.00
BENEFIT ISSUANCE :	DA	BENEFIT AUTH:	ABCD
REVIEW THRU DATE :	0806		
INCOME DISREGARDED, AUTHORIZE PRESUMPTIVE ELIGIBILITY			NEXT-->

MKED	MK ELIGIBILITY DETERMINATION	071606 07: 19	
CASE NAME: BUTLER, ANN	CASE NUMBER: 00009670	LAURI C MONTH: 0706	
ELIGIBILITY FACTOR	HOUSE-HOLD	INDIVIDUALS	
	DI	IN PT	IN PN
	ANN B	AMY B	JIM B
RESIDENCY	PASS	PASS	PASS
CITIZENSHIP	PASS	PASS	PASS
SOCIAL SECURITY	PASS	PASS	PASS
CLIENT AGE	PASS	????	PASS
SPEC. RELATIVE	PASS	N/A	N/A
POVERTY LEVEL	PASS	N/A	N/A
UNTIMELY GOOD CAUSE CODE:			
DENIAL CLOSURE REASON:	AUTHORIZE:	MORE FACTORS:	MORE CLIENTS:
PASSED - ELIGIBLE FOR BENEFITS			NEXT-->

The Presumptive Eligibility Approval notice is sent to the household.

NORE	NOTICE REQUEST	071606 07: 20			
CASE NAME: BUTLER, ANN	CASE NUMBER: 00009670	LAURI C			
DELETE(#)	NOTICE TYPE	BENEFIT MONTH	PGM	SITUATION	PI WRITTEN LANG EN
	K103	0706	MK	CASE PASSED MK FIN. AND NON FIN. ELIG.	
		0706	MK	CASE PASSED MK FIN. AND NON FIN. ELIG.	
MORE SITUATIONS:				NEXT-->	

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* INFO *          END OF DISPLAY REACHED
MEBH              MEDICAL BENEFIT HISTORY
071606 07: 27
LAURI C

CASE NAME: BUTLER, ANN                      CASE NUMBER: 00009670

MTH   PGM   POA NAME   MED SUB   MEI   QMB PRD SUD   BASE   BASE   SPEN   BEN   ISS
                                IND IND IND   BEGIN END   AMT   TYPE  TYPE

0806  MK PE
      03 AMY   B   PT  RG
      04 JIM   B   PN  RG
0706  MK PE
      03 AMY   B   PT  RG
      04 JIM   B   PN  RG

NEXT-->

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The MK case is copied into August and authorized. Later, the case is closed when the worker is ready to process the MP application.

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MKED              MK ELIGIBILITY DETERMINATION
071606 07: 29
LAURI C
CASE NAME: BUTLER, ANN                      CASE NUMBER: 00009670 MONTH: 0806

ELIGIBILITY FACTOR   HOUSE-HOLD ----- INDIVIDUALS -----
                        DI      IN PT      IN PN
                        ANN   B   AMY   B   JIM   B
RESIDENCY             PASS PASS             PASS
CITIZENSHIP           PASS PASS             PASS
SOCIAL SECURITY        PASS PASS             PASS
CLIENT AGE            PASS ????             PASS
SPEC. RELATIVE        PASS N/A              N/A
POVERTY LEVEL         PASS N/A              N/A

UNTIMELY GOOD CAUSE CODE:
DENIAL CLOSURE REASON: AD  AUTHORIZE: Y MORE FACTORS:  MORE CLIENTS:
PASSED - ELIGIBLE FOR BENEFITS  NEXT-->

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CAP2              CASE PROFILE - PAGE 2
071606 07: 31
LAURI C

CASE NAME: BUTLER, ANN                      CASE NUMBER: 00009670
MR RECEIVED: INTERIM DUE DATE:
LAST ACTION: ADD APMA 051606 PARENTS-IN-HH:
GA MOS: 000 ID: TAF MOS: 000 ID:

PROG   APP   HH   HH   PROG   STATUS REV   CURRENT CURRENT
ALERTS  RECD  SIZE TYPE  DATE   DUE  BENEFIT MONTH
MK PE   070306 070506  CLOSED 083106 0806      0806
MP       071606 071606  OPEN   071606      0706

CLIENT NAME   CLIENT NO  DOB   RE S SSN   PARTICIPATION   ME PERSON
BUTLER, ANN   0000047841 021480 PI F 512447942 DI
BUTLER, AMY   0000047843 111101 CH F 511547849 IN
BUTLER, JIM   0000047844 070403 CH M 512697845 IN

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